

U.S. Department of Justice  
United States Marshals Service

U.S. MARSHAL  
BALTIMORE, MD  
PROCESS RECEIPT AND RETURN  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF William M. Schmalfeldt, Sr.	2015 JUL -7 AM NO: 160	COURT CASE NUMBER # 1:15-cv-01241-RDB
DEFENDANT Patrick G. Grady et al		TYPE OF PROCESS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**SERVE** { David Edgren  
**AT** { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
1150 S. Grantham Rd., Wasilla, AK 99654

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 1
William M. Schmalfeldt, Sr. 6636 Washington Blvd., #71 Elkridge, MD 21075	Number of parties to be served in this case 3
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>John M. Schmalfeldt</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER 410-206-9637	DATE 7/2/15
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>Sign only for USM 285 if more than one USM 285 is submitted</i>	Total Process 1	District of Origin No. 037	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk <i>John B. Rubin</i>	Date 07/27/2015
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 07/16/2015	Time am pm
	Signature of U.S. Marshal or Deputy <i>John B. Rubin</i>	

Service Fee \$18.00	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges \$18.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: sent via certified mail return receipt & restricted delivery #

7014 2120 0000 8092 8309

service was refused and returned unexecuted on 07/16/2015

DISTRIBUTE TO: 1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

## CERTIFIED MAIL

Case 1:15-cv-01241-RDB Document 29 Filed 07/28/15 Page 2 of 3

U.S. Department

United States Marshals Service  
District of Maryland101 W. Lombard Street, Suite 6115  
Baltimore, MD 21201-2679Official Business  
Penalty for Private Use \$340

7014 2120 0000 8092 8304

NIXIE 996542004-1N 07/16/15

RETURN TO SENDER  
REFUSED  
UNABLE TO FORWARD  
RETURN TO SENDER

REFUSED

PLD  
LOADED  
ROUTED  
JUL 28 2015  
CLERK, U.S. DISTRICT COURT  
DISTRICT OF MARYLAND  
DEPUTY

## SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Plaintiff/Delivery is certified.
- Print your name and address on the reverse side of the envelope.
- Indicate the name and address of the addressee.
- Indicate the name and address of the recipient.
- Indicate the name and address of the recipient, or on the back of the envelope.

## 1. Article Addressed To:

David Edgren  
1150 S. Grantham Rd  
Wasilla, AK 99654

1:15-CV-01241-RDB

2. Article Number

7014 2120 0000 8092 8304

Domestic Return Receipt

PM Form 3011, July 2013

2015 JUL 22 PM12:23  
BALTIMORE, MD  
U.S. MARSHAL

U.S. Postal Service™

**CERTIFIED MAIL® RECEIPT**

*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Postage

\$

Certified Fee

Postmark  
Here

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage

Sent To

Street & Apt. No  
or PO Box No.

City, State, ZIP4

David Edgren  
1150 S. Grantham Rd.  
Wasilla, AK 99654